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\*\* CONTINUING DATA \*\*\*\*\*

RBW Nme

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IA	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature RBW	Initials		

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## TITLE

Chair back rest with improved resilience and support

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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